

**Work Order ID 150775**

Friday, September 02, 2016 2:22:14 PM

**\*150775\***

Page 1

Item ID: D5079-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Placard, EAPS  
Start Date: 9/6/2016 Start Qty: 12.00 **\*12\*** Cust Item ID:  
Required Date: 9/9/2016 Req'd Qty: 12.00 **\*12\*** Customer:  
Reference:

Approvals: Process Plan: gem Date: 16/09/16 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                     | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| Draw Nbr                       | Revision Nbr                                 |                      |         |        |              |               |               |                  |                   |
| D5079                          | B                                            |                      |         |        |              |               |               |                  |                   |
| 100                            | PURCHASING                                   | 0.00                 |         |        |              |               |               |                  | DAS<br>13<br>9-89 |
| <b>*100*</b>                   |                                              |                      |         |        |              |               |               |                  |                   |
| Purchasing                     | Memo                                         | 0.00                 |         |        |              |               |               |                  |                   |
| Purchasing                     | Issue P/O: <u>33552</u>                      |                      |         |        |              |               |               |                  |                   |
|                                | MANUFACTURE D5079-1 PLACARD AS PER DWG D5079 |                      |         |        |              |               |               |                  |                   |
|                                | Material release note is required            |                      |         |        |              |               |               |                  |                   |
| 110                            | Receive & Inspect for Damage & Mat'l Certs   | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*110*</b>                   |                                              |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                         | 0.04                 |         |        |              |               |               |                  |                   |
| Packaging                      | Ensure material release note is attached     |                      |         |        |              |               |               |                  |                   |
| 120                            | QC6- Inspect dimensions to drawing           | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*120*</b>                   |                                              |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                         | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |                                              |                      |         |        |              |               |               |                  |                   |

12

SEP 07 2016

12x SP/6 9-1212DAS  
38  
9-89  
SEP 13 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Work Order ID 150775**

Friday, September 02, 2016 2:22:14 PM

**\*150775\***

Page 2

Item ID: D5079-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Placard, EAPS  
Start Date: 9/6/2016 Start Qty: 12.00 **\*12\*** Cust Item ID:  
Required Date: 9/9/2016 Req'd Qty: 12.00 **\*12\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty                          | Reject<br>Number | Insp.<br>Stamp     |
|--------------------------------|--------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|----------------------------------------|------------------|--------------------|
| 130                            | Identify as per dwg & Stock Location: <u>5148</u>                  | 0.00                 |         |        |              |               |                                        |                  |                    |
| <b>*130*</b>                   |                                                                    |                      |         |        |              | <u>12</u>     | <u>DAS</u><br><u>8</u><br><u>9-89</u>  |                  |                    |
| Packaging                      | Memo                                                               | 0.02                 |         |        |              |               |                                        |                  | <u>SEP 13 2016</u> |
| Packaging                      | ***ONE YEAR EXPIRED DATE FROM<br>RECEIVING: <u>SEP 14 2017</u> *** |                      |         |        |              |               |                                        |                  |                    |
| 140                            | QC21- Final Inspection - Work Order Release                        | 0.00                 |         |        |              |               |                                        |                  |                    |
| <b>*140*</b>                   |                                                                    |                      |         |        |              |               | <u>DAS</u><br><u>21</u><br><u>9-89</u> |                  |                    |
| QC                             | Memo                                                               | 0.20                 |         |        |              |               |                                        |                  | <u>SEP 14 2016</u> |
| Quality Control                |                                                                    |                      |         |        |              |               |                                        |                  |                    |
|                                |                                                                    |                      |         |        |              |               | <u>DAS</u><br><u>21</u><br><u>9-89</u> |                  | <u>SEP 14 2016</u> |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Friday, September 02, 2016 2:22:14 PM

Work Order ID: 150775

**\*150775\***

Parent Item: D5079-1

**\*D5079-1\***

Parent Item Name: Placard, EAPS

Start Date: 9/6/2016

Required Date: 9/9/2016

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 14.06.18 AS PER DWG REV.A DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D5079-1P                        |                        | Purchased     | No          |                     |                  |                 | Each               | 0.0000         |             | 12           |               |                |        |
| <b>*D5079-1P*</b>               |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               |                |        |
| Placard, EAPS                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

*Dx Sp/6 9-12*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

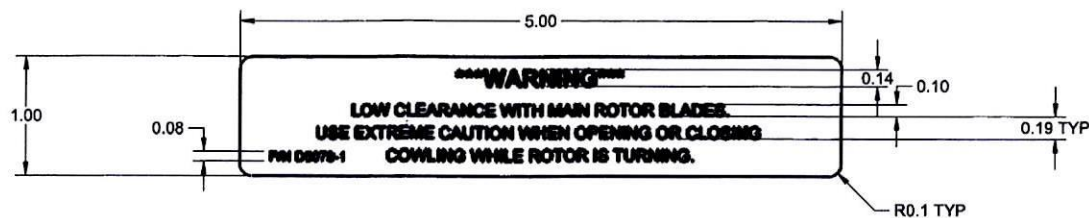


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |



**D5079-1 PLACARD**

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 150775

*2m 16/09/02*

**RELEASED**  
2016-05-30  
*2m 16-56*

APPROVED

| B          | UPDATED PLACARD TEXT | CC                                                                                                                                                                                                                                                                                                | 16.01.18     |
|------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE            | DB                                                                                                                                                                                                                                                                                                | 14.03.18     |
| REV.       | DESCRIPTION          | BY                                                                                                                                                                                                                                                                                                | DATE         |
| DESIGN     | DB                   | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                          |              |
| DRAWN      | CC                   |                                                                                                                                                                                                                                                                                                   |              |
| CHECKED    | AK                   | DRAWING NO.                                                                                                                                                                                                                                                                                       | REV. B       |
| MFG. APPR. | DD                   | D5079                                                                                                                                                                                                                                                                                             | SHEET 1 OF 1 |
| APPROVED   | DW                   | TITLE                                                                                                                                                                                                                                                                                             | SCALE        |
| DE APPR.   | DS                   | PLACARD                                                                                                                                                                                                                                                                                           | NTS          |
| DATE       | 16.01.18             | <small>COPYRIGHT © 2014 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |

**NOTES:**

- 1) MATERIAL: RED LETTERING WITH WHITE BACKGROUND AND ADHESIVE BACK MANUFACTURED FROM 3M, 7MIL MASKING FILM #8522CP OR AVERY IPM #2031
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: LESS THAN 0.01 lbs





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO33552**

Purchase Order Date 9/7/2016

PO Print Date 9/7/2016

Page Number 1 of 2

**Order From :**

VC-STU001

**Ship To :** DART AEROSPACE LTD

STUDIO DE LETTRAGE 2001  
210 MAIN WEST  
HAWKESBURY, ON K6A 2H6  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**E-MAILED**  
SEP 07 2016

**Contact Name**

**Vendor Phone** 613 632 5449

**Ship To Contact**

**Ship To Phone**

**Ship Via:** Yours ppd

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

Destination-Collect

| Line Nbr                                                                                                                                                                                                                                                                                                                                                                                       | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                              | D5079-1P<br><br>AS PER DWD D5079 REV. B<br>B150775                 | Placard, EAPS                  | 9/12/2016<br>Yes<br>9/12/2016        | FN | 12.00<br>Each                  | \$6.67        | \$80.00        |
| Line Total:                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                |                                      |    |                                |               | \$80.00        |
| 2                                                                                                                                                                                                                                                                                                                                                                                              | 71401-45                                                           | PROCUREMENT<br>QUALITY CLAUSES | 9/12/2016<br><br>No<br>9/12/2016     |    | 1.00                           | \$0.00        | \$0.00         |
| Procurement Quality Clauses<br>A005 RIGHT OF ENTRY<br>A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER,<br>(DOCUMENTATION MAINTAINED BY SUPPLIER)<br>A013 SHELF LIFE CONTROLLED MATERIAL; 80% SHELF<br>LIFE REQUIRED AT RECEIPT<br>A026 CERTIFICATION OF MATERIAL CONFORMANCE<br>A040 NOTIFICATION OF QUALITY ESCAPE<br>A042 DART NOTIFICATION BY SUPPLIER<br>A043 RETENTION OF QUALITY DOCUMENTS |                                                                    |                                |                                      |    |                                |               |                |

**Note:**

9/7/2016



# STUD!O

210 Main Street West  
Hawkesbury, ON K6A 2H6  
Phone # 613-632-2001

## Invoice

| Date     | Invoice # |
|----------|-----------|
| 9/8/2016 | 42990     |

### Invoice To

Dart Aerospace Ltd  
1270 Aberdeen  
Hawkesbury  
Ontario  
K6A 1K7

### Ship To

| P.O. No. | Terms | Rep | Ship     | Via | F O.B. | Project |
|----------|-------|-----|----------|-----|--------|---------|
| 33552    |       |     | 9/8/2016 |     |        |         |

| Quantity | Item | Description                              | Price Each | Amount |
|----------|------|------------------------------------------|------------|--------|
| 12       | 4005 | D5079-1P.<br>Attn: Chantal<br>Ref: 18611 | 6.67       | 80.04  |

Sold 9-12

**Subtotal** \$80.04

Thank you for your business.

**Sales Tax** \$10.41

**Total** \$90.45

\*\*\*\***CERTIFICATE of CONFORMITY**\*\*\*\*

**Customer:**

Studio de Lettrage 2001

**Purchase Order N°:**

33552

**Packing Slip N°:**

WO#42990

**Part N°:**

**Serial N°:**

**Description:**

D5079-1P.

**Quantity:**

**Certification:**

We hereby certify that:

1. The above listed items were manufactured, repaired and/or inspected in accordance with applicable drawings and/or specifications;
2. All work was accomplished in accordance with the Dart Aerospace Purchase Order;
3. Results of all inspections, chemical or physical tests, as well as other evidence, which shows the acceptability of raw materials, parts and/or assembly components are on file and available for inspection at any time.

**Authority:**

Avery

**APPROVAL:**

Valerie Young

**DATE:**

**Signature:**

Val z

Sep+08.16

**Title:**

office administrator

## PRODUCT DATA SHEET



### Avery® IPM™ 2031

issued: 01/04/2005

#### Introduction

Avery® IPM™ 2031 is a high quality pressure-sensitive vinyl film, designed for use on wide format inkjet printers. Avery® IPM™ 2031 has excellent printing properties, allowing crisp print quality with bright and vibrant colours. Avery® IPM™ 2031 offers rapid ink drying and a water-resistant material. It combines good adhesion during its life and easy removal afterwards.

#### Description

Facefilm: 80-micron premium white calendered, topcoated vinyl.

Adhesive: removable, acrylic based

Backing paper: one side coated kraft paper, 140 g/m<sup>2</sup>

#### Features

- Excellent printability
- Vibrant and bright colours
- Crisp print quality
- Spray water resistant wit specific pigmented inks
- Good adhesion, excellent removability
- Warranty on outdoor durability

#### Recommendations for use

A wide variety of full-colour graphics for indoor - and **short/medium term outdoor** applications such as posters, murals, displays, exhibition stands, vehicle graphics etc. Avery® IPM™ 2031 is suitable for application to a wide variety of substrates and will remove cleanly for up to 1 year after application.

IPM media should be handled with care as any surface contamination may affect the print quality. Media should be processed in an environment of 15-25°C and 30-70% relative humidity. After drying, the finished prints should be wrapped in polyethylene film and despatched flat or rolled with the printed side facing outwards. To protect prints against water, UV/light and abrasion, overlamination with a clear film is recommended. For specific details of Avery® DOL combinations, refer to "Technical Bulletin 5.3. Recommended combinations of Avery® Overlaminates and Avery® Digital Print Media"

**Always test your combination of Avery® IPM™ medium, inkjet printer and inks prior to commercial use.**

#### Compatibility

Avery® IPM™ 2031 is compatible with a broad selection of inkjet printers, when printing with pigmented, water based inks. For specific details refer to "Technical Bulletin 5.6 Avery Dennison Inkjet Print Media - Printer compatibility".

#### Durability:

Avery® IPM™ 2031 is warranted for outdoor use in conjunction with pigmented outdoor inks from HP, Encad and Colorspan. The warranted period varies from type of application and type of overlamine from 18 months up to 5 years. For full details, see our Avery® IPM™ Outdoor warranty.



www.averygraphics.com

Graphics Division  
Rijndijk 86, P.O. Box 118  
2394 ZG Hazerswoude - The Netherlands  
Tel +31 71 3421500 - Fax +31 71 3421538



## PRODUCT CHARACTERISTICS

Avery® IPM™ 2031

### Physical properties

| Features                                                       | Test method <sup>1</sup>                  | Results                    |
|----------------------------------------------------------------|-------------------------------------------|----------------------------|
| Caliper, facefilm                                              | ISO 534                                   | 80 µm                      |
| Gloss                                                          | ISO 2813, 20°                             | 1%                         |
| Dimensional stability                                          | DIN 30646                                 | 0.3 mm. max                |
| Adhesion, initial                                              | FINAT FTM-1, stainless steel              | 180 N/m                    |
| Adhesion, ultimate                                             | FINAT FTM-1, stainless steel              | 260 N/m                    |
| Flammability                                                   |                                           | Self extinguishing         |
| Accelerating ageing                                            | DIN 53587, 500h exposure                  | No negative impact on film |
| Shelf life                                                     | Stored at 22° C/50-55 % RH                | Performance                |
| Removability                                                   |                                           | 2 years                    |
| Not when applied to:                                           |                                           | up to 1 year               |
| Nitro-cellulose paints, ABS, Polystyrene, certain types of PVC |                                           |                            |
| Durability <sup>2</sup>                                        | Overlaminated with DOL 4300               | 5 years                    |
|                                                                | Overlaminated with DOL 1000, DOL 1100     |                            |
|                                                                | with overlaps                             | 3 years                    |
|                                                                | Overlaminated without overlaps            |                            |
|                                                                | for static applications only              | 2 years                    |
|                                                                | Without overlaminate and used for static, |                            |
|                                                                | Non-abrasive application ONLY             | 18 months                  |

Only when printed with ENCAD GO, HP and Colorspan pigmented inks and when properly applied in accordance with our application instructions. Only applicable for vertical exposure.

### Temperature range

| Features                | Results        |
|-------------------------|----------------|
| Application temperature | Minimum: +10°C |
| Service temperature     | -20°C to +80°C |

#### Important

Information on physical and chemical characteristics is based upon tests we believe to be reliable. The values listed herein are typical values and are not for use in specifications. They are intended only as a source of information and are given without guarantee and do not constitute a warranty. Purchasers should independently determine, prior to use, the suitability of this material to their specific use.

All technical data are subject to change. In case of any ambiguities or differences between the English and foreign versions of these Conditions, the English version shall be controlling.

#### Warranty

Avery® branded materials are manufactured under careful quality control and are warranted to be free from defect in material and workmanship. Any material shown to our satisfaction to be defective at the time of sale will be replaced without charge. Our aggregate liability to the purchaser shall in no circumstances exceed the cost of the defective materials supplied. No salesman, representative or agent is authorised to give any guarantee, warranty, or make any representation contrary to the foregoing.

All Avery® branded materials are sold subject to the above conditions, being part of our standard conditions of sale, a copy of which is available on request.

#### 1) Test methods

More information about our test methods can be found on our website.

#### 2) Durability

The durability is based on middle European exposure conditions. Actual performance life will depend on substrate preparation, exposure conditions and maintenance of the marking. For instance, in the case of signs facing south; in areas of long high temperature exposure such as southern European countries; in industrially polluted areas or high altitudes, exterior performance will be decreased.



[www.averygraphics.com](http://www.averygraphics.com)

#### Graphics Division

Rijndijk 86, P.O. Box 118

2394 ZG Hazerswoude – The Netherlands

Tel +31 71 3421500 – Fax +31 71 3421538